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CONFIRMATION NO. 1593

<b>SERIAL NUMBER</b> 09/276,056	<b>FILING OR 371(c) DATE</b> 03/25/1999 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 2162	<b>ATTORNEY DOCKET NO.</b> 10360/014001
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## APPLICANTS

DARRYL P. BLACK, MERRIMACK, NH;  
 WILLIAM CARTER CARROLL BULLARD, NEW YORK, NY;  
 KEVIN FARRELL, WINDHAM, NH;  
 UTPAL DATTA, BEDFORD, NH;

\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/19/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 223	<b>INDEPENDENT CLAIMS</b> 23
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MP</i> Initials				

## ADDRESS

27820

## TITLE

FAULT TOLERANCE FOR NETWORK ACCOUNTING ARCHITECTURE

<b>FILING FEE RECEIVED</b> 944	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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